



Expenses claim form for witness

Please complete this form in CAPITAL LETTERS and attach all receipts and tickets.

Section 1: Personal details

Surname

First name(s)

Home telephone number

Home address

Postcode

Section 2: Method of payment

Please pay me: ☐ By cheque to my home address, **please go to Section 3**

☐ Direct to my bank, **please complete the details below**

Name of bank

Address

Postcode

Account name

Account number

Sort code

 - -

Section 3: Hearing details

Date of hearing

 / /

Appeal/Claim number

Full name of child

Surname

First name(s)

Section 4: Travel expenses

Date of hearing

/ /

Where did your journey start?

Where did your journey end?

Method of transport

☐ Bus ☐ Train ☐ Car

☐ Other (Please specify) _____

If you travelled by your own motor vehicle how many miles did you travel? (Home to hearing and back)

Mileage is currently paid at 23.8p per mile

Amount claimed £

Section 5: Claim for loss of earnings

Note: Only claim if you have a loss of earnings. Do not claim if the loss was made good before or after the hearing. We can contact your employer about the details you have given.

Your occupation

Number of hours lost

☐ Up to 4 hours absence - you will be paid **£32.47**

☐ Over 4 hours absence - you will be paid **£64.95**

Employer's name and address

Postcode

Section 6: Total claim

Travel expenses (amount claimed in section 4)

£

Loss of earnings (amount claimed in section 5)

£

Total amount claimed

£

Section 7: Declaration

- This claim has been made in accordance with the guidance issued to me.
- No other claim for these expenses has been or will be made against the tribunal or any other government department.
- If you are making a claim with missing tickets/receipts please complete a special educational needs form **SEND17** and returned it with this form.

Signature

Name

Date

/ /

Please send your completed form and all your receipts and tickets to: Special Educational Needs and Disability Tribunal,
1st Floor, Darlington Magistrates Court, Parkgate, Darlington DL1 1RU **Telephone:** 01325 289350 **Fax:** 0870 739 4017

Authority (For Tribunal use only)

I have examined the claim and approved payment of

£

Comments

Signature (Band D or above)

Name

Date

Authorisation

Business entity code

TO150

Operating unit

20

Natural account code

226410

Payment

£

Signature of Authorising Officer

Name of Authorising Officer

Authorising Officer's number

Date

Please send your completed SEND15A to Bristol Finance

Bristol finance only

Input by

Date